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L PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH County G118 State Ar1zons Stat			ARI	ZONA STATE B	OARD OF HEAL	TH State File No	
County G118 District or Township or Village (If birth occurred in a hospital or institution, give its NAMS instead of street and number) 2. Full name of child JOhn Steel 3. Sex of Child in event of plural in event and in event of pl	1. PLACE OF BIRTH						
District or Township. City. Globe No. No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child JOMN Steel Sex of Child in event of plural births. Male in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth in event of plural births. S. No., in order of birth. S. No., in order of birth. S. No., in order of birth. MOTHER Full maiden name Mary Steel 16. Cestimatel Pull maiden name Mary Steel 16. Color or race (Usual place of abods) Pull maiden name Mary Steel 16. Color or race Apache 4/4 Indian 17. Age at last birthday 7 (Years) 18. Birthplace (city or state). Rice or country) Rice or country Pull maiden name Mary Steel 16. Color or race Apache 4/4 Indian 17. Age at last birthday 7 (Years) 18. Birthplace (city or state). Rice or country Apriz. 19. Occupation Nature of industry None Cartifica and including this child. City or state or country Apriz. 19. Occupation Nature of industry None CERTIFICATE OF ATTENNING PHYSICIAN OR MIDWIFF: CERTIFICATE OF ATTENNING PHYSICIAN OR MIDWIFF: When there was no sitending physician or midwife, then the father, householder, etc. should make this return. A stilling of midwiff, then the father, householder, etc. should make this return. A stilling of this child, who was DOTH 811/29 at 12 P. m. on the date above stated. (Born alive or stilling or midwiff, then the father, householder, etc. should make this return. A stilling of the state birth. MONTHER Full maiden name Mary Steel 16. Legitimatel 16. Legitimatel 16. Legitimatel 16. Legitimatel 16. Legitimatel 17. Date of Loy Loy Loy North Mary Steel 18. Birthplace (city or state). Rice did not make this retur	County Gila				A Committee of the Comm		
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3. Sex of Child To be answered ONLY 1. Twin, triplet or other 6. Legitimate? 7. Date of birth IO/I2/28. 10. Month Day Year 11. Age at last birthday 12. Birthplace (city or place) 7. Bit of birth of child herein certified and including this child. 13. Occupation Nature of industry 7. Date of birth IO/I2/28. 14. MOTHER 14. MOTHER 15. Residence (Usual place of abode) 7. II. Age at last birthday 7. Occupation 16. Color or race 11. Age at last birthday 7. Occupation 7. Date of birth IO/I2/28. 16. Color or race 16. Color or race 16. Color or race 17. Age at last birthday 17. Age at last birthday 17. Age at last birthday 18. Birthplace (city or state) 18. Birthplace (city or state) 18. Birthplace (city or state) 19. Occupation 19. Occupation Nature of industry None 19. Occupation Nature of industry 19. Occupation Nature of indust	2. Full name of child. John Steel (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make						
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